

EXHIBIT E

Form A

Notice of Intention to Seek Review

NOTICE:

The undersigned intends to seek review of the determination of the impartial hearing officer concerning the identification, evaluation, educational placement, or manifestation determination of

M [REDACTED] C [REDACTED]

(name of student with a disability)

The school district is required to prepare and submit a certified copy of the hearing record to the Office of State Review in accordance with section 279.9 of the regulations of the Commissioner of Education. If you wish to seek review of this determination as well, you must send to the party listed below a notice of intention to cross-appeal in accordance with Part 279 of the Regulations of the Commissioner of Education, within 30 days after the date of the decision of the impartial hearing officer. You may find this form on the website of the Office of State Review (www.sro.nysed.gov).

Case Information Statement

Linda Larach Cohen

Name of the party filing this notice

October 16, 2024

Date

The New York City Department of Education

Name of the other party (school district or student) involved in this matter

October 11, 2024

Date of Impartial Hearing Officer Decision

277178

Impartial Hearing Officer Case Number

Issues for Review: Please check the boxes that best apply to the issues you intend to ask a State Review Officer to address (check all that apply).

- | | | |
|--|--|---|
| <input type="checkbox"/> IDEA Eligibility | <input type="checkbox"/> Child Find | <input type="checkbox"/> CSE Meeting Process |
| <input type="checkbox"/> Required Notices | <input checked="" type="checkbox"/> Evaluative Information | <input checked="" type="checkbox"/> Present Levels of Performance |
| <input checked="" type="checkbox"/> Annual Goals | <input checked="" type="checkbox"/> Educational Placement | <input checked="" type="checkbox"/> Least Restrictive Environment |
| <input checked="" type="checkbox"/> Related Services | <input type="checkbox"/> Transition Services | <input type="checkbox"/> 12-Month (ESY) Services |
| <input checked="" type="checkbox"/> Unilateral Placement | <input checked="" type="checkbox"/> Equitable Considerations | <input checked="" type="checkbox"/> Relief Requested |
| <input checked="" type="checkbox"/> Independent Evaluation | <input type="checkbox"/> Pendency (stay-put) | <input checked="" type="checkbox"/> IEP Implementation |
| <input type="checkbox"/> Prior Written Notice | | |
| <input type="checkbox"/> Other (Please Specify): _____ | | |



(Signature)

300 E. 95th St., Suite #130

(Your Street Address)

646-850-5035

(Your Telephone Number)

Richa Raghute

(Your Printed Name)

New York, 10128

(Your City and Zip Code)

hearings@pabilaw.org

(Your Fax Number or Email Address)